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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/633,145
	Filing Date	August 4, 2000
	First Named Inventor	Chinnappa Kodira
	Art Unit	1647
	Examiner Name	WEGERT, Sandra L.
Total Number of Pages in This Submission	Attorney Docket Number	CL000747

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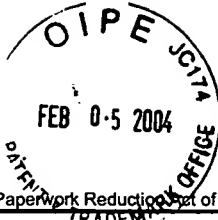
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Lin Sun-Hoffman, Ph.D., Reg. No.: 47,983
Signature	
Date	February 5, 2004

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Docket Number (Optional)

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In re Application of

Chinnappa, KODIRA et al.

Application Number
09/633,145

Filed
August 4, 2000

For Isolated Human G-Protein Coupled Receptors...

Art Unit
1647

Examiner
WEGERT, S.

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 1.17(b))

\$ 330.00

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:

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☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.

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☒ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

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I am the

☐ applicant/inventor.

☐ assignee of record of the entire interest.
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.
(Form PTO/SB/96)

☒ attorney or agent of record.
Registration number 47,983

☐ attorney or agent acting under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a), 47,983


Signature

Lin Sun-Hoffman, Ph.D.

Typed or printed name

240-453-3628

Telephone number

February 5, 2004

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

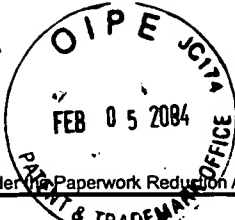
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PTO/SB/31 (08-03)

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- ☒ The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0970. I have enclosed a duplicate copy of this sheet.
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